



# ***Illinois Association of Area Agencies on Aging***

***3100 Montvale Drive, Springfield, IL 62704-4278, Phone: (217) 787-9234 Fax: (217) 787-6290***

**Testimony for the**

**Illinois Health Reform Implementation Council**

**November 16, 2010**

**3:30 p.m. to 6:00 p.m.**

**Howlett Building, Auditorium  
501 S. 2<sup>nd</sup> Street  
Springfield, Illinois**

**Presented by**

**Mike O'Donnell, Chairperson, Legislative Committee  
I4A Illinois Association of Area Agencies on Aging**

Good afternoon Mr. Chairman and Council Members. My name is Mike O'Donnell. I serve as Chairperson of the Legislative Committee for the I4A – the Illinois Association of Area Agencies on Aging. I4A represents the thirteen Area Agencies on Aging in Illinois. In partnership with the Illinois Department on Aging and community programs on aging, the Illinois Aging Network annually serves over 550,000 older adults in Illinois - approximately 25% of the 2.2 million persons 60 years of age and older in Illinois.

The Affordable Care Act provides the following opportunities for the people of Illinois and the Aging Network:

1. Health promotion and disease prevention across the lifespan,
2. Home and community-based services for older adults and persons with disabilities,
3. Successful care transitions for patients from hospital to home,
4. Medication Management,
5. Nursing Home Transparency and the Elder Justice Act, and
6. The CLASS Act

### **Lifespan Health Promotion and Disease Prevention**

The Affordable Care Act includes new initiatives under Title IV focused on health promotion and disease prevention including:

**Section 4002** creates a new Prevention and Public Health Fund to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe.

The Illinois Aging Network has over 40 years of experience promoting the health and independence of older adults. With the support of federal Older Americans Act funds, Illinois General Revenue Funds, and local funds, the 13 Area Agencies on Aging, in partnership with 250 local service provider agencies, provide services and supports to over 550,000 older adults annually. For example, during FY2010, more than 2.7 million congregate meals were served to 70,000 older adults at over 500 meal sites and approximately 43,000 home bound older persons received an estimated 7.3 million home delivered meals.

Since 2006, the Illinois Department of Public Health has partnered with the Illinois Aging Network to disseminate evidence-based healthy aging programs through grants from the federal Administration on Aging and the Centers for Disease Control and Prevention. Programs include: the Chronic Disease Self Management Program, Strong For Life, Arthritis Exercise, Matter of Balance, Fit and Strong, and Healthy IDEAS.

Consider the impact of the Chronic Disease Self Management Program, known in Illinois as "Take Charge of Your Health – Live Well, Be Well." Over the course of 6 CDSMP workshop sessions, participants experiencing a wide variety of chronic diseases, such as diabetes, high blood pressure, and arthritis, are empowered to manage stress, breathe better, eat better, move more, manage their medications, communicate with their physicians and provide mutual support to one another to achieve personal goals. As of March 2010, CDSMP partners in Illinois have conducted 188 workshops, enrolled over 2,100 participants, and graduated 1,462 – a completion rate of nearly 70%. Here are a few quotes from participants:

- I am more aware of what I can do.
- I am more confident walking and getting around.
- I will make more efforts to continue to exercise.
- I am going to re-organize my life style.

**Recommendation:** I4A recommends that the State engage Area Agencies on Aging in implementing the Affordable Care Act. We recommend that the State include Area Agencies on Aging in planning discussions and engage AAAs as prominent partners to bridge health and human services on behalf of older adults.

**Recommendation:** I4A recommends that State agencies collaborate with Area Agencies on Aging to build the capacity of the Illinois Aging Network to sustain and expand the dissemination of evidence-based healthy aging programs to empower adults across the lifespan to lead healthier and more meaningful lives. Ultimately this investment in prevention and chronic disease management will result in fewer hospitalizations, shorter rehabilitation stays in nursing homes, and control the growth of Medicare and Medicaid expenditures.

**Section 4103** provides Medicare coverage, with no co-payment or deductible, for an annual wellness visit and personalized prevention plan services. The HHS Secretary is required to establish procedures to make beneficiaries and providers aware of the requirement that a beneficiary complete a health risk assessment prior to or at the same time as receiving personalized prevention plan services.

The Area Agencies on Aging in partnership with community-based service agencies have over 40 years experience providing information and assistance to older adults. For many years, the Illinois Aging Network has assisted thousands of older adults in applying for Medicare Part D and the Illinois Cares Rx Program. Several AAAs also serve as sites for the Senior Health Insurance Program (SHIP), administered by the Illinois Department of Insurance. Beginning in FY2011, Area Agencies on Aging will be responsible for administering grants from AoA and CMS through the Illinois Department on Aging under the Medicare Improvements for Patients and Providers Act (MIPPA) to educate Medicare beneficiaries and family caregivers about the prevention and wellness benefits that will be available under Medicare Part B.

**Recommendation:** I4A recommends that the Department of Insurance and the Department on Aging explore increased collaboration and alignment of the Senior Health Insurance Program with the Aging Network, including responsibility for administering and coordinating a statewide network of agencies to assist older adults through the Senior Health Insurance Program (SHIP) and the Senior Health Assistance Program (SHAP).

## **Home and Community-Based Services**

**Title II** of the Affordable Care Act contains provisions aimed at strengthening home and community-based services for older adults and other persons with chronic diseases and disabilities. This can be accomplished through a mix of changes in infrastructure including Aging and Disability Resource Centers (ADRCs), altering payment arrangements, such as Money Follows the Person, and addressing barriers to community living.

The Illinois Department on Aging in collaboration with the Department of Healthcare and Family Services, the Area Agencies on Aging, and Care Coordination Units, are currently engaged in a number of initiatives to increase the availability of long term care at home. These initiatives build upon our State's commitment to the Community Care Program which has a monthly average caseload of 59,000 clients.

These initiatives include:

- Illinois has established statewide standards for Coordinated Points of Entry to inform, counsel and assist consumers in accessing home and community-based options. These standards will guide the future development of Coordinated Points of Entry/Aging and Disability Resource Centers in Illinois.
- Illinois has established Aging and Disability Resource Centers in Rockford (administered by the Northwestern Illinois AAA), Starting Point at the Macon County Health Department (administered

by the East Central Illinois AAA), and the Suburban ADRC (a partnership between AgeOptions and Progress Center for Independent Living). The Department on Aging plans to expand the current ADRC network from 3 to 5 sites within the first year of a new AoA grant, and an additional two sites in the second year, including: the Northeastern Illinois AAA, the AAA for Southwestern Illinois, the Western Illinois AAA, and Central Illinois Agency on Aging.

- Illinois plans to finalize and disseminate statewide standards for CPoE/ADRC to all ADRC sites in Illinois, expand utilization of the web-based Enhanced Services Program (ESP) resource data base, develop a training curriculum to include disability issues, and client-directed care for all CPoE/ADRCs; and ensure that all CPoE/ADRC sites are providing high quality, person-centered long term care planning.
- Area Agencies on Aging, Care Coordination Units, and Long Term Care Ombudsmen are participating in the Money Follows the Person initiative to facilitate the transfer of older adults in nursing homes to alternative living arrangements in the community with appropriate services and supports. This year, the Department on Aging has reported that 33 older adults have transitioned from nursing homes to the community.
- Area Agencies on Aging and Care Coordination Units are participating in the Veterans Independence Program to provide options counseling to qualifying veterans for consumer-directed services. The VIP initiative is currently operating in PSAs 04, 05, 07 and 10 in VISN 11 and PSAs 02, 11, and 12 in VISN 12.

**Recommendation:** I4A recommends that the State engage Area Agencies on Aging in planning discussions to pursue opportunities under the Affordable Care Act that will sustain and expand home and community-based services and supports for older adults and persons with disabilities.

**Recommendation:** I4A recommends that the Department on Aging engage Area Agencies on Aging in the development and implementation of Coordinated Points of Entry/ADRCs and home and community-based services and supports in Illinois.

### **Successful Care Transitions**

Beginning in FY2013, **Section 3025** of the Affordable Care Act would adjust payments for hospitals paid under the inpatient prospective payment system based on the ratio of each hospital's payments for potentially preventable Medicare readmissions relative to payments for all discharges for the three conditions with risk adjusted readmission measures that are currently endorsed by the National Quality Forum. It also provides the HHS Secretary authority to expand the policy to include additional conditions in the future.

**Section 3026** of the Act, authorizes the HHS Secretary to establish a Community-Based Care Transitions Program under which the Secretary provides funding to eligible entities that furnish improved care transition services to high-risk Medicare beneficiaries. Priority will be given to programs administered by the Administration on Aging and those that provide services to medically underserved populations, small communities and rural areas.

Efforts are currently underway in Illinois to achieve successful care transitions for older adults. The Illinois Transitional Care Consortium (ITCC) was formed to effectively address the needs of older adults transitioning from the hospital to the community by linking hospital based services with the aging network. The Consortium has developed a transitional care intervention called the "Bridge Model."

The Bridge Model is based in part on Rush University Medical Center's Enhanced Discharge Planning Program. The model utilizes social work Care Coordinators, who support the transition of older adults at risk of post-discharge complications from hospital to home during three phases: pre-discharge, post-discharge, and follow-up. The model aims to reduce caregiver stress, increase consumer safety, reduce emergency department visits and re-hospitalizations, improve adherence to the medical plan of care, reduce the time between discharge and start of community services, divert older adults from unnecessary and unwanted nursing home admission, and increase older adult and caregiver satisfaction.

**Recommendation:** I4A recommends that the Illinois Department on Aging engage Area Agencies on Aging in the pursuit of opportunities under the Affordable Care Act to collaborate with hospitals and other healthcare providers to help older adults make successful care transitions from hospital to home across the state of Illinois. Area Agencies on Aging are critical partners in bridging health and social services for older adults.

## **Medication Management**

**Title III, Section 3505** authorizes the HHS Secretary, acting through the Patient Safety Research Center, to establish a program to provide grants or contracts to eligible entities to implement medication management services provided by licensed pharmacists, as a collaborative, multi-disciplinary, inter-professional approach to the treatment of chronic diseases to targeted individuals, to improve the quality of care and reduce overall costs in the treatment of diseases.

The Older Adults Services Act Advisory Committee has recommended that the Illinois Department on Aging Implement and evaluate a medication management pilot program in the state. The OASAC Services Expansion workgroup issued a *Medication Management Issue White Paper* which proposes a two-tiered approach to audit and/or manage medication use among high risk older adults to prevent incorrect medication use and adverse interactions.

**Recommendation:** I4A recommends that the State engage Area Agencies on Aging in pursuing opportunities under the Affordable Care Act to develop and implement a statewide Medication Management program to prevent incorrect medication use, adverse drug interactions, and promote appropriate and effective medication therapy for older adults.

## **Nursing Home Transparency and the Elder Justice Act**

**Title IV** of the Affordable Care Act is aimed at efforts to improve nursing home transparency. These include expanded accountability standards, new quality measurement initiatives, and greater ease in making complaints. This title includes the Elder Justice Act and a set of provisions to improve Medicare and Medicaid program integrity.

**Section 6103/6105** addresses the Nursing Home Compare Medicare website and a standardized complaint form. The HHS Secretary must ensure that the Department of Health and Human Services includes, as part of Nursing Home Compare website: staffing data for each facility (including resident census data, and data on the hours of care provided per resident per day, including information on staffing turnover and tenure; links to State Internet websites with information regarding State survey and certification programs, links to State inspection reports, information to guide consumers in how to interpret and understand such reports, and the facility plan of correction or other response to reports.

The standardized complaint form developed (Section 6105) includes explanatory material on what complaint forms are, how they are used, and how to file a complaint with the State survey and certification program and the State Long Term Care Ombudsman Program; summary information on the number, type, and severity and outcome of substantiated complaints; and the number of adjudicated instances of criminal violations by a facility or the employees of a facility.

**Recommendation:** I4A recommends that the Illinois Department of Public Health collaborate with the Office of the State Ombudsman at the Illinois Department on Aging, Area Agencies on Aging, and Regional Long Term Care Ombudsman Programs in the implementation of provisions pertaining to nursing home transparency.

The Affordable Care Act includes many provisions of the Elder Justice Act. The good news is that the Affordable Care Act is the first comprehensive national legislation enacted on elder abuse. The bad news is that no funding has yet been appropriated to support its provisions. The Affordable Care Act authorizes:

- \$400 million over 4 years for Adult Protective Services,
- \$100 million for state demonstration grants to test methods to detect and prevent elder abuse,
- \$26 million for Elder Abuse, Neglect, and Exploitation Forensic Centers,
- \$32.5 million in grants to support the Long Term Care Ombudsman Program,
- \$40 million for training programs for Long Term Care Ombudsman Programs, and
- \$67.5 million in grants to enhance long term care staffing through training, recruitment and incentives.

**Recommendation:** I4A recommends that the State of Illinois join the Area Agencies on Aging in advocating for federal appropriations to implement the Elder Justice Provisions in the Affordable Care Act.

## **The CLASS Act**

The Affordable Care Act includes provisions of the CLASS Act – Community Living Assistance Services and Supports. This is a new federally administered voluntary insurance program for long term services and supports to be available by 2014. The CLASS Act provisions include:

- Premiums paid by individual workers through payroll deduction
- Premium amounts set by the HHS Secretary at a level necessary to maintain program solvency
- Beneficiaries must have paid premiums for 5 years and meet functional and cognitive criteria set by HHS
- Cash benefits paid directly to enrollees
- Beneficiaries choose how to use their cash benefits
- Medicaid wraps around eligible enrollees

**Recommendation:** I4A recommends that the State engage Area Agencies on Aging in planning discussions for the implementation of the CLASS Act in Illinois. Area Agencies on Aging administer and coordinate a network of local provider agencies that educate, counsel and assist older adults and their families in accessing a variety of programs, benefits and services. Area Agencies on Aging and local provider agencies will be critical partners in educating individuals and families about this new voluntary insurance program and providing options counseling to help them select long term services and supports that best suit their needs, preferences, and budgets.

The Illinois Association of Area Agencies on Aging appreciates the opportunity to present testimony and looks forward to working with the Council and the State to implement the Affordable Care Act in Illinois.

## **Addendum** (November 18, 2010)

The Illinois Association of Area Agencies on Aging has received the following data from the Illinois Department of Public Health about the dissemination of other evidence-based healthy aging programs in Illinois:

**A Matter of Balance:** Managing Concerns About Falls emphasizes practical strategies to reduce the fear of falling and increase activity levels. Currently, there are seven master trainers and twenty-seven coaches in Illinois with an additional ten master trainers scheduled to be trained in early 2011. Of the four programs that have been held, 39 older adults registered with 35 completing the program.

**Fit & Strong!** is multi-component, evidence-based physical activity program targeted for older adults with osteoarthritis. Currently, 73 coaches have been trained in Illinois. 23 classes have been held reaching 182 older adults.

**Healthy IDEAS** (Identifying Depression, Empowering Activities for Seniors) is a structured depression program that prepares case managers and care coordinators to identify depression in at-risk elders and to facilitate access to treatment. Currently, 46 professionals in Illinois are trained in this program and have served. The program has only been implemented for a month and 54 older adults have already been assessed for depression, with 18 of those requiring further screening. Of the four older adults who tested positive for depression, half agreed to further intensive case management.